

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/623288

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		10				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22		10				
23		10				
24		10				
25		10				
26		10				
27	1					
28		1				
29	1					
30		1				
31		1				
32		1				
33		10				
34		10				
35		10				
36		10				
37		10				
38	1					
39		1				
40		12				
41		10				
42		10				
43		10				
44	1					
45		10				
46		10				
47		10				
48		10				
49		10				
50		10				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		10				
52		10				
53		10				
54		10				
55	1					
56		1				
57		12				
58	1					
59		1				
60	1					
61		1				
62		1				
63	1					
64		1				
65	1					
66	1					
67		1				
68	1					
69		1				
70	1					
71		10				
72	1					
73	1					
74		21				
75		10				
76		10				
77		10				
78		10				
79		10				
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	16					
TOTAL DEP.		63				
TOTAL CLAIMS	79					